PTO/SB/30 (08-03)
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## REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

Address to:
Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

| | |
|---|---|
| Application Number | 10/621,718 |
| Filing Date | July 17, 2003 |
| First Named Inventor | de Faria et al. |
| Art Unit | 2833 |
| Examiner Name | Felix O. Figueroa |
| Attorney Docket Number | 17945 |

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.
Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO ) on page 2.

1. **Submission required under 37 CFR 1.114** Note: If the RCE is proper, any previously filed unentered and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).

  a. ☒ Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.

    i. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____

    ii. ☐ Other _____

  b. ☐ Enclosed
    i. ☐ Amendment/Reply    iii. ☐ Information Disclosure Statement (IDS)
    ii. ☐ Affidavit(s)/Declaration(s)    iv. ☐ Other _____

2. **Miscellaneous**
  a. ☐ Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)
  b. ☐ Other _____

3. **Fees** The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.
  a. ☒ The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 23-1950
    i. ☒ RCE fee required under 37 CFR 1.17(e)
    ii. ☒ Extension of time fee (37 CFR 1.136 and 1.17) ( 1 Month )
    iii. ☐ Other _____
  b. ☐ Check in the amount of $ _____ enclosed
  c. ☐ Payment by credit card (Form PTO-2038 enclosed)
    WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

| FEE VALUE ACCOUNTABILITY | |
|---|---|
| DEPOSIT ACCOUNT NO. | |
| 23 | 1950 |

| FEE CODE | VALUE FURNISHED |
|---|---|
| 1801 | $790.00 |
| 1251 | $120.00 |
| | |
| | |
| | |
| | |

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

| Name (Print/Type) | Lisa Burgin Coate | Registration No. (Attorney/Agent) | 53,470 |
|---|---|---|---|
| Signature | *Lisa Burgin Coate* | Date | 12/30/04 |

### CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner For Patents, P.O. Box 1450, Alexandria, VA 22313-1450 or facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below.

| Name (Print/Type) | Paula M. Capriglione | | |
|---|---|---|---|
| Signature | *Paula M Capriglione* | Date | 12/30/04 |

This collection of information is required by 37 CFR 1.114. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing the burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

01 FC:1801      790.00 DA
02 FC:1251      120.00 DA

*Fee Only*

# PATENT APPLICATION FEE DETERMINATION RECORD
### Effective January 1, 2003

**Application or Docket Number**

17 945 1393-2 (2)

## CLAIMS AS FILED - PART I

| | (Column 1) | (Column 2) |
|---|---|---|
| TOTAL CLAIMS | 26 | |
| FOR | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS | 26 minus 20 = | * 6 |
| INDEPENDENT CLAIMS | 4 minus 3 = | * 1 |
| MULTIPLE DEPENDENT CLAIM PRESENT | | ☐ |

\* If the difference in column 1 is less than zero, enter "0" in column 2

**SMALL ENTITY TYPE ☐  OR  OTHER THAN SMALL ENTITY**

| RATE | FEE | | RATE | FEE |
|---|---|---|---|---|
| BASIC FEE | 375.00 | OR | BASIC FEE | 750.00 |
| X$ 9= | | OR | X$18= | 108 |
| X42= | | OR | X84= | 84 |
| +140= | | OR | +280= | |
| TOTAL | | OR | TOTAL | 942 |

## CLAIMS AS AMENDED - PART II

### AMENDMENT A — 6/28/04

| | (Column 1) CLAIMS REMAINING AFTER AMENDMENT | | (Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR | (Column 3) PRESENT EXTRA |
|---|---|---|---|---|
| Total | * 24 | Minus | ** 26 | = ─ |
| Independent | * 4 | Minus | *** 4 | = ─ |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | ☐ |

**SMALL ENTITY  OR  OTHER THAN SMALL ENTITY**

| RATE | ADDITIONAL FEE | | RATE | ADDITIONAL FEE |
|---|---|---|---|---|
| X$ 9= | | OR | X$18= | |
| X42= | | OR | X84= | |
| +140= | | OR | +280= | |
| TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |

### AMENDMENT B — 11/22/04

| | (Column 1) CLAIMS REMAINING AFTER AMENDMENT | | (Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR | (Column 3) PRESENT EXTRA |
|---|---|---|---|---|
| Total | * 20 | Minus | ** 26 | = ─ |
| Independent | * 4 | Minus | *** 4 | = ─ |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | ☐ |

| RATE | ADDITIONAL FEE | | RATE | ADDITIONAL FEE |
|---|---|---|---|---|
| X$ 9= | | OR | X$18= | |
| X42= | | OR | X84= | |
| +140= | | OR | +280= | |
| TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |

### AMENDMENT C — 12/30/04

| | (Column 1) CLAIMS REMAINING AFTER AMENDMENT | | (Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR | (Column 3) PRESENT EXTRA |
|---|---|---|---|---|
| Total | * 20 | Minus | ** 26 | = |
| Independent | * 4 | Minus | *** 4 | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | ☐ |

| RATE | ADDITIONAL FEE | | RATE | ADDITIONAL FEE |
|---|---|---|---|---|
| X$ 9= | | OR | X$18= | |
| X42= | | OR | X84= | |
| +140= | | OR | +280= | |
| TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.